



RELEASE OF CUSTOMER ACCOUNT INFORMATION

ACCOUNT INFORMATION

Customer Name (Last, First and Middle)	Customer Account Number
Service Address	Contact Number(s)

By signing below, I authorize the representatives and employees of the Guam Solid Waste Authority (GSWA) to release information regarding my above referenced GSWA account to the Guam Department of Administration (DOA), its employees, contractors, and assignees.

I understand that my information will be used to determine my qualification and/or

financial assistance under the Guam Emergency Rental Assistance Program, a grant by the

U.S. Department of Treasury administered by DOA.

I understand that this consent is optional. I may provide my account information directly

to DOA and that the information I provide is subject to verification by DOA & GSWA.

I understand that I may cancel this authorization any time by notifying GSWA in writing.

Customer Signature

Date